IS PTO Cust. 25280

09/585,762

Case No. 5019

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application of:

Dirk Van Hyning

Serial Number:

09/585,762

Filed:

For:

June 2, 2000

YARNS AND FABRICS HAVING A WASH-DURABLE ANTIMICROBIAL SILVER PARTICULATE FINISH

Group Art Unit:

1771

Examiner:

A. Wachtel

REQUEST FOR EXTENSION OF TIME

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Box Non-Fee Amendment, Commissioner of Patents Washington, D. C. 20231

Sir:

Attorney for Applicants hereby requests an extension of time within the third month after the Final Rejection which was mailed September 10, 2002. Upon granting this request Applicant's response will be due on March 10, 2003. Please charge the requisite fee of \$930.00, as well as any additional amounts, or credit any overpayments, for this Extension of Time to our deposit account number 04-0500, in order to permit proper consideration of this Petition. A duplicate copy of this sheet is enclosed.

It is respectfully urged that this request is proper and that it be granted to provide the additional time necessary to formulate a satisfactory response to this Official Action. It is believed that, by granting this request further prosecution of this application will be expedited and that Applicant's interest in achieving the best possible protection for his invention can be best achieved.

Respectfully requested,

March 10, 2003

Attorney for Applicants

Registration Number 37,528 Telephone: (864) 503-1537

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as "Express Mail" Identification number EV229671201US in an envelope addressed to Commissioner for Patents, Washington, D2 20231, on March 10, 2003, along with the Post Card Receipt.

William S. Parks, Attorney for Applicants

ENCLOSURES

Enclosed herewith are an amendment to the claims with accompanying remarks and arguments in favor of patentability.

FEE FOR REQUEST

The filing fee is calculated below:

	Claims Remaining After Amendment	Highest Number Previously Paid For	Present Extra	x Rate	TOTALS
Basic Fee	*****	*****	*****	*****	\$750.00
Total Claims	16	16	0	18.00	0.00
Independent Claims	2	2	0	84.00	0.00
TOTAL FILING FEE	*****	*****	*****	*****	\$750.00

The Commissioner is hereby authorized to charge the Request fee of \$ 750.00 to Deposit Account No. 04-500. A duplicate copy of this request is enclosed.

The Commissioner is also hereby authorized to charge any additional fees which may be required, or credit any over-payment to Deposit Account No. 04-500. A duplicate copy of this sheet is enclosed.